



Bristol Education Committee.

ANNUAL REPORT

OF THE

Acting School Medical Officer.

1917.

(TENTH YEAR.)

BRISTOL:
BURLEIGH LTD., LEWIN'S MEAD.

BRISTOL EDUCATION COMMITTEE.

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Vice-Chairman : Alderman W. H. ELKINS, M.A., J.P.

Hygiene Sub-Committee :

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Secretary for Education :

WM. AVERY ADAMS.

BRISTOL EDUCATION COMMITTEE.

School Medical Officer:

*R. A. ASKINS, M.A., M.D., D.P.H.

Acting School Medical Officer (Whole Time):

MADELEINE S. BAKER, B.A., M.D., B.Ch.

Assistant Medical Officers (Part Time):

A. CARLING, M.A., M.B., M.R.C.S.

S. B. GREEN, M.B., M.R.C.S., L.R.C.P., D.P.H.

*T. A. GREEN, M.D., F.R.C.S. (Ed.) (*Senior Assistant*).

W. T. MADDISON, M.D., M.R.C.S.

R. SMYTH, M.A., M.D., M.Ch.

*E. CECIL WILLIAMS, B.A., M.B., B.C., M.R.C.P.

C. W. WANKLYN-JAMES, M.R.C.S., L.R.C.P.

Assistant Medical Officers for Industrial and Special Schools :

ANNIE CORNALL, F.R.C.S.I., L.R.C.P. and S. (Ed.),

Carlton House Industrial School.

L. M. GRIFFITHS, M.R.C.S., L.R.C.P., Redcross Street and Orchard Place
Schools for Mentally Defective Children.

Ophthalmic Surgeons for Refraction Cases :

HON. STAFFS OF THE BRISTOL EYE HOSPITAL AND EYE DISPENSARY.

Dentist to Institution for Deaf Children and Carlton House Industrial School:

V. MASSEY-CROSSE, L.D.S.

School Nurses:

Miss L. ELKINS.

Miss A. M. NEWTON.

Miss A. E. CHAMPION.

Miss A. D. BOND.

Miss C. A. ERWIN, Redcross Street Special Schools.

Clerical Staff:

A. C. J. GREGORY (*Chief Clerk*). Miss I. M. PORTER.

*E. G. DAVEY.

Miss M. O. ILLINGWORTH.

*A. E. GARLAND.

Miss A. STINCHCOMBE.

*J. H. MIDDLETON.

Mrs. E. M. GODFREY.

* On Military service.

BRISTOL EDUCATION COMMITTEE.

Report

OF THE

ACTING SCHOOL MEDICAL OFFICER

for year ended 31st December, 1917.

May, 1918.

To the Chairman and Members of
the Education Committee.

Ladies and Gentlemen,

I beg to submit the 10th Annual Report on the work of the School Medical Department. In compiling this report I have followed the lines indicated by the Chief Medical Officer to the Board of Education, the subject matter comprising records of the actual work done during the year ending December 31st, 1917, together with notes on any changes made in the basis of routine medical inspection.

The part-time Officers, who served in 1916, were re-appointed for 1917, Dr. S. B. Green serving temporarily. In May, Dr. E. Cecil Williams left to take up military service, and Dr. C. W. Wanklyn-James was appointed temporarily to undertake four sessions routine medical inspection in the schools, while Dr. Carling took over the charge of Bedminster Clinic. This necessitated the dropping of one half-day routine medical inspection each week, the weekly inspections taking place now being reduced to 16 half-sessions.

The Nursing Staff remained unaltered during the year.

I would like here to express my belief that the small Nursing Staff at the disposal of the School Medical Officer is a very serious detriment to the work which might be accomplished, both in the

schools and in the homes. Undoubtedly at the present time more than ever before, the individual school child is in need of close medical supervision. War conditions are seriously affecting the home-life of the nation. The fathers are absent on military service; the mothers either from necessity or of choice, are constantly found to be absent all day in the factory or workshop; the elder children, and regrettably often those between 13 and 14 years of age, are also under employment and earning wages which tend to exempt them from parental control. Such conditions re-act seriously on the children of school age, and while on all sides those most closely in touch with the children assure me that the standard of feeding in the homes has in many cases been raised owing to the increased incomes earned, it is deplorably evident that lack of discipline, lack of cleanliness, and the prevalence of diseases prolonged by dirt and neglect, are increasing amongst the school children.

In the schools the depletion of the teaching staff, and the occupation of the Head Teacher in class-teaching, cannot be without effect. Under these circumstances, no one is better qualified than the School Nurse to gain the confidence of the uncleanly and neglected child, and to act as correcting factor in its life.

The results of the nurses' work during the year convince me that there is much work still untouched in the direction of the educating and training of the elder girls to be self-responsible with regard to personal cleanliness and orderliness. It is greatly to be regretted that in Bristol only four School Nurses are available to a school population of 59,000.

The increasing work done in the school clinics has been a noticeable feature of this year's work. It is encouraging to note the steadily rising figures of cases dealt with at the daily treatment clinics. I have to record the advance made by the establishment of new school clinic premises in Bedminster. Bedminster Parade Clinic was closed, and Dean Lane Clinic opened, in September, 1917. The premises contain a fair-sized waiting-room, one treatment and one inspection clinic, staff office, and caretaker's quarters, sufficient for present needs, while there is further room available should development take place.

The premises at New Street Clinic are now quite inadequate to the clinic attendances, and the Committee, at the time of writing, have acquired larger and more suitable premises.

Mention should be made of the very urgent necessity for a School Dental Clinic. The Chief Medical Officer to the Board of

Education, in his most recent report, quotes an interesting report furnished by the Army Medical Department to the Board of Education bearing upon the dental condition of recruits in various commands. One observer quoted writes that "it was the exception to find boys who had been educated in the Council and Secondary Schools who had ever used a tooth brush. The boys had never been taught the necessity of oral cleanliness and were not criticised by their teachers for having dirty teeth." Sir George Newman adds: "So widespread is oral sepsis and ill health directly due to the bad condition of the teeth that great national efforts should be made to deal with the problem. Many thousand recruits have been rejected on this ground alone. The school is the place, and childhood the time to intervene."

My thanks are due to the Secretary for Education for the co-operation he has given to the work of this department. Also to the Head Teachers, Attendance Officers, and members of the Children's Care Committee who have assisted unsparingly for the benefit of the children.

I would like also to express my indebtedness to the members of the School Medical Staff, whose aid, given in spite of the depletion of the medical profession in this area, has enabled the work of routine medical inspection to be continued almost uninterruptedly. To the Head Clerk, Mr. Gregory, and the members of the clerical staff, my gratitude is due for assistance in the preparation of this report.

GRANT.

The Board of Education made a grant of 50 per cent. of the expenditure for the previous year, this being the first occasion on which Bristol Education Committee has received the maximum grant payable under the Regulations.

I am, Ladies and Gentlemen,

Yours obediently,

MADELEINE S. BAKER,

Acting School Medical Officer.

CITY AND COUNTY OF BRISTOL.

GENERAL INFORMATION.

Population (estimated) ...	...	...	360,000
Area ...	...	...	17,460 acres
No. of Schools ...	...	...	90
No. of Departments ...	...	...	216
Accommodation ...	...	...	60,992
Average No. on Registers ...	...	...	58,913
Average Attendance ...	...	...	51,314

ROUTINE MEDICAL INSPECTION.

The only change of basis made in routine medical inspection has been in the case of the Entrant group.

The system of the processional examination of infants adopted in 1916 was found in practice to be unsatisfactory, especially in the case of the smaller schools, where the number of children picked out in this way for routine examination by the School Medical Officers was seldom large enough to justify the second visit by the School Doctor.

As an alternative, the following scheme was adopted in June, 1917 :—

All Entrants in Infant Schools are submitted to close individual supervision by the School Nurse, who combines this survey with a general inspection for the detection of uncleanness and pediculosis. The names of children who appear to be ailing, or for any reason to require medical inspection, are recorded by the Nurse, and to this list are added the names of children, other than Entrants, brought forward by the Head Teacher as special cases. In this way it is usual to obtain a list of 25 or more children; the Doctor is then notified and arranges to visit the school at as early a date as possible. The results of this method show that out of 5,347 children surveyed by the Nurses, 1,064 have been referred for medical examination—i.e., 19.9 per cent. of the total number.

SCABIES AND IMPETIGO.

Bristol, in common with other areas, has lost much school attendance as a result of the prevalence of Scabies. Four hundred and thirty-four cases of this disease were diagnosed at the School Clinics during the year, as compared with 155 in the previous year.

The disease is a contagious one, and its appearance in the schools is attributed by many to infection introduced into the homes by fathers and brothers on leave from military service. It is almost hopeless to try to combat a large number of cases at the School Clinics without a cleansing station. All suspected cases are summoned to the Clinics, and ointment and a card giving directions as to its use are issued *to children not under medical care*. In the Autumn of the year through the interest of the Medical Officer of Health a number of school children were admitted to Ham Green Isolation Hospital for treatment and disinfection, and discharged after a short period fit to return to school. Unfortunately, however, the ultimate results of the experiment were disappointing, relapse occurring in many cases as a result of re-infection in the home. Undoubtedly in some cases neglect and carelessness were responsible for the relapse. The results as a whole prove the necessity for the examination of contacts followed up by the sterilization of the bedding and clothing of definite and suspected cases.

The incidence of Impetigo also has been very high, 554 cases being reported from the School Clinics, and school attendance is suffering unnecessarily by neglect on the parents' part to obtain treatment for such conditions. It is to be regretted that delay still occurs between the date of these children's last attendance and notification of the case to the School Medical Officer by Head Teachers or Attendance Officers. Through the School Clinics many such cases are returned to school after an absence of 4 to 8 days, whereas cases not reported have been found to be absent as long as 8 weeks without adequate treatment.

Nutrition.—The following table, contrasting the summaries of reports on the nutrition of children in the years 1914 and 1917, shows that there is an improvement in the general standard of nutrition, although the percentage of children whose nutrition is reported as excellent has fallen to a much lower figure than in 1914.

	Percentage 1914.	Percentage 1917.
Excellent	14.05	4.05
Normal	80.82	93.31
Below normal	5.00	2.53
Bad .. ..	.13	.11

These figures confirm the general impression prevalent amongst the Doctors and Teachers that the feeding in the homes has considerably improved with the rising wages, consequent upon war conditions.

Clothing and Footgear.—The increased price of clothing is undoubtedly causing a deterioration in the clothing and footgear of the children generally.

The following table shows the percentage of unsatisfactory cases reported in 1917 to be slightly increased on that reported in 1914.

	Percentage 1914.	Percentage 1917.
Clothing—Satisfactory ..	99.67	99.56
Unsatisfactory ..	.33	.44
Footgear—Satisfactory ..	99.41	99.26
Unsatisfactory ..	.59	.74

Cleanliness and Condition of Skin.—Table contrasting percentages in 1914 and 1917.

	Percentage 1914.	Percentage 1917.
Cleanliness of Head—		
Clean	92.55	97.35
Nits only	6.56	2.47
Pediculi present .. ..	.89	.18
Cleanliness of Body—		
Clean	98.89	99.16
Dirty	1.02	.80
Pediculi present .. ..	.09	.04

These figures also show an improvement in the general condition as to cleanliness as the result of routine medical inspection.

The visits to the schools for examination of the girls and infants by the School Nurses under the cleansing scheme has had to be limited to one visit for general inspection during the year, followed up by one or more visits for re-examination as deemed necessary.

The results of these visits show that 33,729 children were examined for the first time, while a total of 41,661 examinations were made during the year. 1,047 card notices were sent to parents reporting that the condition of the children's heads was unsatisfactory.

Much valuable work has been done by the Nurses in instructing the elder girls in the use of fine combs and methods of keeping the hair free from nits and vermin, and followed up by the distribution at the school clinic of fine combs, for which the children paid. 432 combs have been distributed in this way by the Nurses.

OPEN-AIR CLASS.

A very interesting experiment was carried out by the establishment of an open-air class at South Street Infants' School, which was opened from June to September, 1917, and accommodated up to 56 children. The class routine included elementary school work and gardening during the morning session, one hour's rest following the lunch-hour, after which the afternoon was occupied by hand-work, nature study, and walks. The children were weighed weekly, and daily cleansing of the teeth was insisted upon.

During the play-hour in the morning, milk was dispensed to each child.

The results of the four months' work were extremely gratifying, and it was found that the gain in weight made by each child was considerable, and in correspondence with the improvement in nutrition and muscular tone.

It is greatly to be desired that this system of extending open-air school accommodation should be adopted more generally during the summer months. One open-air class might serve for the treatment of delicate children from groups of neighbouring schools, as in the case of South Street Open-Air Class, and the adoption of such an experiment is strongly recommended, where playground accommodation would allow of it.

TABLE 1.—NUMBER OF CHILDREN INSPECTED, 1st January, 1917, to 31st December, 1917.

A. "Code " Groups.

	ENTRANTS.					
AGE.	3	4	5	6	Other Ages.	TOTAL.
Boys ...		Routine Inspection suspended. Examination of "Ailing " Children substituted.				
Girls ...						
Totals ...						

	INTER-MEDIATE GROUP.	LEAVERS.					
AGE.	8	12	13	14	Other Ages.	Total.	GRAND TOTAL.
Boys ...	2,241	2,637	534	7	—	3,178	5,419
Girls ...	2,178	2,531	415	—	—	2,946	5,124
Totals	4,419	5,168	949	7	—	6,124	10,543

	INTERMEDIATE GROUP (other than 8 years).	SPECIAL CASES	RE-EXAMINATIONS (i.e., No. of Children re-examined.)
(1)	(2)	(3)	(4)
Boys ...	—	1,462	1,018
Girls ...	—	1,280	1,236
Totals ...	—	2,742	2,254

TABLE II.
RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL
INSPECTION IN 1917.

DEFECT OR DISEASE.				CODE GROUPS.		SPECIALS.	
				Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment.
Skin	Malnutrition ...	...	...	8	7	16	4
	General Debility ...	...	...	114	1	83	—
	Uncleanliness :						
	Head ...	...	...	191	—	45	1
	Body ...	...	...	18	—	4	—
	Ringworm :						
	Head ...	...	...	4	—	7	—
	Body ...	...	...	3	—	4	—
	Scabies ...	...	...	3	—	21	—
	Impetigo ...	...	...	16	—	24	1
Eye	Other Diseases ...	...	...	8	6	6	—
	Defective Vision and Squint ...	...	...	873	9	318	—
Ear	External Eye Disease ...	...	...	22	4	23	3
	Defective Hearing ...	...	...	51	—	25	—
Teeth	Ear Disease ...	...	...	125	—	78	—
Nose & Throat	Dental Disease ...	...	...	677	37	202	2
Heart and Circulation	Enlarged Tonsils and Adenoids ...	...	...	676	26	302	8
	Defective Speech ...	...	...	—	2	1	4
	Heart Disease :						
Lungs	Organic ...	...	...	27	4	13	2
	Functional ...	...	...	2	1	3	—
Nervous System	Anaemia ...	...	...	90	7	64	—
	Pulmonary Tuberculosis :						
	Definite ...	...	...	19	—	10	—
	Suspected ...	...	...	93	9	25	—
	Chronic Bronchitis ...	...	...	91	6	68	2
	Other Diseases ...	...	...	4	—	—	—
	Epilepsy ...	...	...	2	—	2	—
	Chorea ...	...	...	9	—	6	1
	Other Diseases ...	...	...	27	—	—	—
	Non-Pul. Tuberculosis :						
	Glands ...	...	...	6	—	9	—
	Bones and Joints ...	...	...	2	—	—	—
	Other Forms ...	...	...	—	—	—	—
	Rickets ...	...	...	—	—	4	—
	Deformities ...	...	...	13	2	7	1
	Other Defects or Diseases ...	...	...	87	16	103	5

TABLE III.—NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA AT THE END OF 1917.

			Boys	Girls	Total
Blind (Including partially blind).		Attending Public Elementary Schools	2	4	6
		Attending Myope School ...	24	24	48
		Attending Certified Residential Schools for the Blind ...	8	3	11
		Not at school (partially blind)...	2	1	3
Deaf and Dumb (Including partially deaf).		Attending Public Elementary Schools	2	2	4
		Attending Semi-deaf School ...	18	19	37
		Attending Certified Residential Schools for the Deaf ...	31	21	52
		Not at School	1	1	2
Mentally Deficient	Feeble-minded	Attending Public Elementary Schools	11	9	20
		Attending Certified Schools for Mentally Defective Children	159	104	263
		Notified to the Local (Control) Authority during the year ...	1	—	1
		Not at School	no	return	
	Imbeciles	Notified to Local (Control) Committee	12	10	22
		Not at School and not yet notified to Local (Control) Committee	7	6	13
	Idiots	Notified to Local (Control) Committee	1	—	1
		Not at School and not yet notified to Local (Control) Committee	1	—	1
Epileptics		Attending Public Elementary Schools	31	30	61
		Attending Certified Schools for Epileptics	5	3	8
		Not at School	14	13	27
Physically Defective.	Pulmonary Tuberculosis (1917 only)	Attending Public Elementary Schools	206	195	401
		Attending Certified Schools for Physically Defective Children*	9	13	22
		Not at School	53	76	129
	Other forms of Tuberculosis	Attending Public Elementary Schools	no	return	
		Attending Certified Schools for Physically Defective Children*	36	18	54
		Not at School	2	2	4
	Cripples other than Tubercular	Attending Public Elementary Schools	no	return	
		Attending Certified Schools for Physically Defective Children*	54	41	95
Not at School		no	return		
Dull or Backward.		Retarded 2 years			
		Retarded 3 years	no	return	

* Including Open-Air Schools.

TABLE IV.—TREATMENT OF DEFECTS OF CHILDREN DURING 1917.

CONDITION.	TOTALS.	No. of Defects Treated.	RESULTS OF TREATMENT.			No. of Defects not Treated.	Percentage of Defects Treated.
			Remedied.	Improved.	Unchanged.		
Cleanliness of Head	20	9	2	5	2	11	45.00
Cleanliness of Body	2	—	—	—	—	2	00.00
Nutrition ...	20	20	3	13	4	—	100.00
Nose and Throat ...	542	284	170	84	30	258	52.40
External Eye Disease	43	34	18	16	—	9	79.07
Ear Disease ...	170	144	55	75	14	26	84.71
Teeth ...	106	63	35	26	2	43	59.43
Heart and Circulation	123	105	28	66	11	18	85.36
Lungs ...	108	97	32	55	10	11	89.81
Nervous System ...	14	13	5	4	4	1	92.86
Skin ...	49	46	35	9	2	3	93.88
Rickets ...	6	5	—	5	—	1	88.88
Deformities ...	9	8	5	3	—	1	100.00
Tuberculosis—Non-pulmonary	4	4	2	1	1	—	100.00
Speech ...	3	3	—	3	—	—	100.00
Mental condition ...	10	7	—	4	3	3	70.00
Vision and Squint ...	707	649	505	100	44	58	91.79
Hearing ...	56	36	21	13	2	20	64.29
Miscellaneous ...	254	226	80	117	29	28	88.98
TOTAL	2,246	1,753	996	599	158	493	78.05

Also 190 delicate children were re-examined.

The total number of children re-examined was:—

Boys	...	...	...	1,018
Girls	...	...	...	1,236
Total	...	...	...	2,254

SPECIAL SCHOOLS.

Owing to the shortage of the whole-time Medical Staff, it has been impossible for me to carry out satisfactorily the routine examination of children attending the schools for physically defective children. Undoubtedly the value of the work done by these schools has suffered as a result. Effort has been made to visit the schools at regular intervals, but the length of time spent in the schools has had to be curtailed, and the opportunity of studying the medical needs of the children individually delayed, very often to the detriment of the children, while the energetic following-up of recommendations made on admission or re-examination lapses.

TABLE V.

INSPECTION, TREATMENT, &c., OF CHILDREN DURING 1917.

(1) The total number of children medically inspected (whether Code Group, special or ailing child)	15,539
(2) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	160
(3) *The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.)	6,433
(4) *The number of children in (3) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.) ...	5,144

* Includes children inspected at the School Clinics.

FOLLOWING UP.

No alterations have been made in the system of following-up after routine inspection on the Forms M.I. 7 used in the schools.

The School Clinics have been made use of for the following-up of children excluded for short periods at routine medical inspection.

(a) RE-EXAMINATIONS.

During 1917, 2,254 children were re-examined in the Schools by the Assistant School Medical Officers.

Table showing results of re-examinations. *See Table IV.*

(b) NURSES' WORK

The Nurses continue their work of following-up under the cleansing scheme. Owing, however, to the small Nursing Staff and the occupation daily of three of the four School Nurses in the Treatment Clinics, the time available for this important part of the Nurses' duties is at present inadequate and only allows of the schools being inspected once instead of twice yearly.

Table showing work done by the School Nurses :--

Year.	No. of visits to Schools.	No. children examined.	No. notified to parents.	No. of visits to homes.
1915 ...	1,434	41,316	7,583	2,146
1916 ...	1,275	46,285	3,707	1,595
1917 ...	1,292	41,661	3,287	1,731

(c) CHILDREN'S CARE COMMITTEE.

The members of the Children's Care Committee have continued to give voluntarily their valuable help in the following-up of cases reported at routine medical inspection to be in need of medical treatment. The membership of this Committee has suffered as a result of the present demand for workers in other spheres of social work. The Education Committee is indebted to those members who have given their services during the year, and by whom much work has been accomplished.

PROVISION OF MEDICAL TREATMENT.

(1) Arrangements made by the Authority.

(a) THE SCHOOL CLINICS.

Three School Clinics have been working during the year.

New Street Clinic.

Medical Officer—Dr. M. S. Baker.

Nurse-in-Charge—Miss L. Elkins.

Inspection Clinics held—Tuesday, Wednesday and Friday,
2 p.m. to 4.30 p.m.

Treatment Clinic each morning, except Saturday, 9 a.m. to
12.30 p.m.

Dean Lane Clinic, Bedminster.

Medical Officer—Dr. R. A. Askins.* Acting—Dr. A. Carling.

Nurse-in-Charge—Miss A. E. C. Champion.

Inspection Clinics held—Tuesday, Thursday and Friday,
2 p.m. to 4.30 p.m.

Treatment Clinics each morning, except Saturday, 9 a.m. to
12.30 p.m.

St. Mary's-on-the-Quay Clinic.

Medical Officer—Dr. M. S. Baker.

Nurse-in-Charge—Miss A. M. Newton.

Inspection Clinic held—The first Wednesday of each month,
10 a.m. to 12.

Treatment Clinics each morning, except Saturday, 9 a.m. to
12.30 p.m.

Table showing attendances at the Clinics :—

Classification of cases.	1916		1917	
	No. of Cases	No. of Attendances	No. of Cases	No. of Attendances
Eye Defects	156	320	159	371
Eye Disease	449	1,462	428	1,591
Ear Disease	163	788	164	798
Nose and Throat	27	44	31	64
Heart Affection	19	33	14	38
Lungs :				
Consumption	19	35	17	32
Other Diseases	279	495	356	610
Tuberculosis-Non-Pulmonary	5	25	5	10
Skin :				
Ringworm, Head	293	3,099	335	2,154
„ Body	364	1,075	269	590
Impetigo and Nits	495	1,130	554	1,361
Scabies	155	666	434	1,434
Other Diseases	122	216	162	369
Nervous System :				
Chorea	23	56	19	49
Epilepsy	20	53	16	59
Various other Diseases	80	149	165	301
No Defect	84	90	24	26
	2,753	9,736	3,152	9,857

TREATMENT CLINICS.

Classification of Cases	1916		1917	
	No. of Cases	Attendance for Treatm't	No. of Cases	Attendance for Treatm't
Ringworm	302	8,103	213	4,276
Eye Disease	324	9,591	342	11,591
Ear Disease	98	7,403	121	8,323
Other Diseases	294	2,939	323	4,895
Totals	1,018	28,036	999	29,085

RINGWORM.

I propose, as in previous years, to give complete returns of the incidence and treatment of ringworm in this area.

The summary showing the incidence of the disease during the past five years, and that dealing with the average periods of exclusion from school, are of special interest, and it is satisfactory to note that the results in each case show an improvement on last year's returns. The number of new cases reported in 1917 was 582, as compared with 853 in 1916.

The average period of exclusion from school for scalp ringworm was 24.06 weeks as compared with 28.75 weeks in 1916, and, in the case of skin ringworm, 3.3 weeks against 4.3 weeks in 1916.

I. Showing incidence of disease.

1917.	Totals.	Distribution of Disease.	
		Scalp	Body
No. of Children referred for diagnosis ...	630		
No. of cases " not ringworm " ...	48		
No. of cases diagnosed " Ringworm " ...	582	287	295
No. of cases brought forward from 1916 ...	318	269	49
Total cases dealt with ...	900	556	344

II. Showing result of treatment.

Distribution of Disease.	Scalp.	Body.	Totals
Private treatment cases certified cured ...	94	70	164
Cases certified by School Medical Officers	255	227	482
Children who left school uncured ...	7	3	10
Cases still under exclusion December, 1917	200	44	244
Totals	556	344	900

III. Showing average period of exclusion in weeks.

	Scalp Ringworm	Body Ringworm
Private treatment cases ...	31.71 weeks	5.35 weeks
Centre treatment cases ...	24.06 „	3.30 „

IV. Showing incidence of disease during past 5 years.

Table showing incidence of ringworm in Bristol during past five years :—

Year.	No. of cases of Scalp ringworm	No. of cases of Body ringworm	Totals.
1913	242	412	654
1914	302	409	711
1915	343	404	747
1916	410	443	853
1917	207	295	582

During the year 157 specimens of hair were microscopically examined in the School Medical Office.

(b) PROVISION OF SPECTACLES.

No alterations have been made in the arrangements with the Bristol Eye Hospital and the Bristol Eye Dispensary for the refraction of children reported by the School Medical Officers.

The number of cases recommended for refraction in 1917 was 1,392. Of these, 1,216 were refracted at the expense of the Bristol Education Committee, and 1,108 pairs of spectacles were prescribed, of which 777 were supplied through the Royal Surgical Aid Society, and 331 supplied by the parents. In 36 cases glasses were not advised, and 72 cases were in abeyance.

(2) Facilities apart from provision by Education Committee.

(a) TUBERCULOSIS.

Close co-operation has continued with the Public Health Authority, and valuable information has been given by the Tuberculosis Officer, who each week furnishes returns of children of school age examined at the Municipal Dispensary.

All recommendations made are recorded on special record cards kept at this Office, and certificates of exclusion are forwarded to Head Teachers and Attendance Officers in accordance with the recommendations made.

Two hundred and fourteen children were referred to the Tuberculosis Dispensary on the recommendation of the School Medical Staff, and the reports were as follows :—

Pulmonary Tuberculosis	...	...	164
Hilus and Gland Tuberculosis	...	...	37
Bone Tuberculosis	...	...	1
Abdominal Tuberculosis	...	...	1
General Tuberculosis	...	...	1
Suspicious Tuberculosis	...	...	9
Non-Tuberculous	...	...	1

In addition, reports were received of 912 children examined by the Tuberculosis Officer.

The Medical Officer of Health kindly informs me that during the year, 187 children between 5 and 15 years of age have received sanatorium treatment.

(b) INFECTIOUS DISEASES.

Twelve special visits to schools were made by the Acting School Medical Officer to investigate outbreaks of Scarlet Fever, Diphtheria and other infectious fevers. In three schools unsuspected cases of Diphtheria were detected as a result of careful examination of the class contacts, and swabbing of the throats followed by bacteriological examination.

In no department was it found necessary to resort to school closure for epidemic diseases.

Close co-ordination between the Public Health Department and the School Medical Department has been maintained, and the information kindly given by the Medical Officer of Health has been of great value.

TABLE VI.
Cases of Notifiable Infectious Diseases amongst Children attending the Public Elementary Schools, with Contacts.

1917.	Cerebro-Spinal Fever.		Poliomyelitis.		Scarlet Fever.		Enteric Fever.		Diphtheria.		Measles.	
	Cases	Contacts	Cases	Contacts	Cases	Contacts	Cases	Contacts	Cases	Contacts	Cases	Contacts
1st Quarter ...	1	10	1	2	52	77	2	5	53	146	42	Not Available
2nd Quarter ...	4	18	—	—	34	50	11	9	44	87	151	
3rd Quarter ...	—	1	—	1	19	36	2	7	45	101	34	
4th Quarter ...	—	4	—	—	54	75	2	14	57	101	96	
	5	33	1	3	159	238	17	35	199	435	323	

Cases of Non-notifiable Infectious Diseases (on School H. D. Cards).

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Totals
Whooping Cough	...	146	115	42	324
Chicken Pox	...	135	159	264	591
Mumps	...	52	185	365	652
		333	459	671	1,567

The causes of death among all children of ages 5 to 15 years in Bristol are set out in the following return, the particulars of which have been supplied by the Medical Officer of Health :—

1917.

Cause of death.							No.
Scarlet Fever	...	...	...	...	...	...	1
Whooping Cough	...	...	...	...	...	...	1
Diphtheria and Croup	...	...	...	...	...	...	9
Influenza	...	...	...	...	...	...	2
Erysipelas	...	...	...	...	...	...	1
Phthisis (Pulmonary Tuberculosis)	...	...	...	...	...	...	34
Tuberculous Meningitis	...	...	...	...	...	...	13
Other Tuberculous lesions	...	...	...	...	...	...	14
Rheumatic Fever	...	...	...	...	...	...	5
Meningitis	...	...	...	...	...	...	4
Organic Heart Disease	...	...	...	...	...	...	6
Bronchitis	...	...	...	...	...	...	1
Pneumonia (all forms)	...	...	...	...	...	...	17
Other diseases of Respiratory Organs	...	...	...	...	...	...	2
Appendicitis and Typhlitis	...	...	...	...	...	...	12
Nephritis and Bright's Disease	...	...	...	...	...	...	5
Violent Deaths	...	...	...	...	...	...	15
Other Diseases	...	...	...	...	...	...	24
All causes							166

OTHER ACTIVITIES.

(1) MENTAL DEFICIENCY ACT.

During the past year the work done for the Local Control Committee under the Mental Deficiency Act has shown a considerable falling off owing to the reduction in the number of children admitted to institutions. At the same time, the certifying of mentally defective children by the Acting School Medical Officer, and the passing on by the Authority of such children to the Local Control Committee, has continued, and the list of children in this

area reported awaiting certification as incapable of education has now been considerably reduced, as has also the waiting list of children recommended for examination for admission to the Special Schools.

Apart from the list of children recommended for examination for the Special Schools, a list is kept in the School Medical Department of all children found on examination to be ineducable and suitable for notification under the Mental Deficiency Act, 1913.

During 1917, the names of 33 children under 16 years of age were added to the list, and five names carried forward from 1916.

Of these 38 children, 24 have been certified by the Acting School Medical Officer and their names have been sent forward by the Education Committee to the Local Control Committee as follows:—

Imbeciles ...	...	...	...	22
Idiot ...	...	...	...	1
Feeble-minded ...	...	...	...	1

Table showing classification of cases certified:—

Primary Amentia—	Simple	...	...	12
	Mongolian	...	...	5
	Microcephalic	...	...	2
Secondary Amentia—	Sclerotic	...	...	3
	Epileptic	...	...	1
	Hydrocephalic	...	...	1

(2) FEEDING OF CHILDREN.

The system adopted in 1915 of feeding necessitous children at Domestic Science Centres and Restaurants was continued.

During the 44 weeks of the school year, 28,097 dinners were provided. In addition, dinners have been provided for children attending Redcross Street Special School, Orchard Place Special School and New Street Special School, in order to facilitate the attendance of children living at a distance from these schools.

(3) PHYSICAL TRAINING.

Physical exercises are continued in all schools as in the past, three periods of 20 minutes' teaching each week being given.

(4) SPECIAL SCHOOLS.

Physically Defective Children.

KNOWLE OPEN-AIR SCHOOL.

Medical Officer—Dr. M. S. Baker.

School Dentist—Mr. Lethaby Morgan.* Acting—Mr. Massey-Crosse.

School Nurse—Mrs. Claridge.

The day open-air school at Knowle has continued the routine followed in previous years, and has done valuable work in fitting children who, previous to their admission had been excluded from all schools for months, to take their places once more in the ordinary schools.

The school was visited once a week by the Medical Officer, who also examined all children recommended for admission. In the absence of Dr. Askins it has been impossible to continue the monthly examination of each child on the register. The School Nurse, however, keeps the children under close supervision, weighing each child fortnightly, and bringing forward for special medical examination any child not making satisfactory progress. As far as possible every child is medically examined once each term.

In order to restrict the exercise taken to the individual child's physical capacity, the system of grading the exercise was adopted. Three grades of exercise were drawn up and each child classified for the grade suitable to its physical condition, heavy gardening work only being allowed to those children permitted to undertake the third grade of exercise.

Although gardening has formed a very important part of the school life, care has been taken that it should never be done by children unfit physically. A number of robust boys from Knowle Elementary School were allowed to help during the Spring months in the vegetable garden. The heavy yield of vegetables during the year was greatly to the credit of those in charge and to the advantage of the school generally.

The ideal function of the open-air school is to act as a *preventive* measure against Tuberculosis. Unfortunately in a city with a school population of 59,000, two open-air schools with accommodation for 100 children cannot influence to any great extent the incidence of this disease. One looks forward to a time when a very much larger Open-Air School accommodation will be available, and the system of open-air classes adopted during the Summer months all over the City.

No. of admissions during 1917	...	...	...	132
No. of discharges	...	...	...	113
No. discharged fit for work	...	...	...	24
No. discharged fit for ordinary school	...	...	...	62
No. discharged for non-attendance	...	...	...	9
No. discharged for special reason	...	...	...	18
				—
				113
				—
No. on register	...	...	...	103
Average attendance	...	...	...	87

BARTON HILL OPEN-AIR SCHOOL.

Medical Officer—Dr. M. S. Baker.

The routine of Barton Hill open-air school for junior girls has remained unaltered.

During 1917 :—

No. admitted	...	...	...	...	25
No. re-admitted	...	...	...	...	3
No. discharged	...	...	...	...	16
Discharged fit for ordinary school	...	...	...	...	10
Discharged for non-attendance	...	...	...	...	3
Discharged for special reason	...	...	...	...	3
				—	
					16
				—	

The school is visited about once each month by the Medical Officer, who examines the children for admission and discharge.

A great advantage has been gained by the arrangement through the school authority for the treatment of children found to be suffering from dental defects.

REDCROSS STREET PHYSICALLY DEFECTIVE SCHOOL.

Medical Officer—Dr. M. S. Baker.

School Nurse—Miss Erwin.

No. of admissions	..	..	..	..	52
No. of discharges	..	..	..	..	45
No. on registers	..	..	..	..	173

Physical defects from which children in the school suffer :—

Various forms of paralysis	46
Diseases of the Spine, including chronic nervous lesions	19
Rickets	27
Tuberculous diseases of joints	36
Talipes	5
Congenital deformities	14
Cretinism	2
Heart disease	14
Amputations	4
Chronic Rheumatism	1
Mastoid disease	1
Epilepsy	1
Congenital syphilis	2
Empyema	1
	173

Work of Nurse at Redcross Street Special School.

Disease Treated	Treatment		Result	
	No. of Cases	No. of Dressings	Improved or cured	Under Treatment
Ear discharge	19	930	11	8
Tuberculous joints	25	2,448	10	15
Eye disease	24	187	24	—
Burns and Scalds	10	107	10	—
Septic sores	170	2,076	157	13
Paralysis	5	64	3	2
Ringworm	5	144	4	1
Herpes	8	92	8	—
Impetigo	8	74	7	1
Accidents, cuts, etc.	284	1,630	284	—

Treatment.

Children requiring surgical and medical treatment are encouraged to attend their private Doctors or the Out-patient Departments of Public Institutions. The health of the children generally has been improved by the administration of malt and oil, and tonics in suitable cases, while those children suffering from heart disease have benefited considerably by the introduction of the system of treatment by rest hours. I believe that greater advantage still could be gained if an open-air rest hour could be adopted for all children in this school as in the open-air Schools.

Minor ailments are treated at the school treatment clinic, which is held daily.

The School Medical Officer attends the clinic once weekly and directs the treatment and dressings carried out by the School Nurse.

NEW STREET SPECIAL SCHOOL.

(Combined School for Myope and Partially Deaf Children.)

Medical Officer—Dr. R. A. Askins.* Acting—Dr. M. S. Baker.

Myope Classes.

During the year 33 children recommended by the School Medical Officers and Oculists were examined for admission to the Myope Classes for children suffering from 5 dioptries and upwards of myopia.

Certified suitable for admission	...	...	25
„ „ but over 13 years of age	...	...	4
„ „ for Blind School	...	...	1
„ „ for ordinary school	...	...	1

In December, 1916, there were 44 children on the register.

No. admitted in 1917	...	...	...	...	18
No. discharged	...	...	...	...	14
No. on register December, 1917	...	...	...	...	48

Deaf Classes.

During 1917, 21 children were recommended for examination for admission and certified as follows :—

Suitable for admission	...	...	...	...	13
„ „ „ on probation	...	...	...	...	2
„ „ ordinary school	...	...	...	...	4
„ „ deaf institution	...	...	...	...	2

In December, 1916, there were 30 children on the school register.

No. admitted during year	...	...	...	17
No. left during year	...	...	...	10
No. on register December, 1917	...	...	...	37

Owing to the shortage of Medical Staff it has been impossible to continue routine medical examination. All myope cases have been re-examined during the year and a number recommended for fresh refraction.

The cases of ear discharge requiring treatment are medically inspected each month and records kept of their condition. The results of treatment of inflammatory cases are especially gratifying.

Routine examination is made on admission and before discharge.

As in previous years the Children's Help Society has enabled all children attending the school to spend a week in the country camp at Winscombe.

INSTITUTION FOR THE DEAF, KINGSDOWN.

Medical Officer—Dr. R. A. Askins.* Acting—Dr. M. S. Baker.

School Dentist—Mr. Massey-Crosse.

Admissions (2 girls, 1 boy)	...	...	...	3
Discharges (4 girls, 1 boy)	...	...	...	5

Of those who have left :—

- 2 girls are working as tailoresses.
- 1 girl unemployed through ill-health.
- 1 girl excluded for ill-health.
- 1 boy left Bristol.

No. on registers at December, 1917—45 boarders, 7 day pupils.

The school was transferred to the Children's Camp for two weeks during the month of August.

During the year the record of illness has been exceptionally good, no case of infectious illness having occurred.

The school was visited weekly by the Acting School Medical Officer, and routine examination was held once during the year.

BLIND CHILDREN.

Eleven blind children are maintained by the Education Committee as follows :—

Westbury Blind School	9
Hastings Blind M.D. School	1
Liverpool R.C. Blind School	1

EPILEPTIC CHILDREN.

Seven epileptic children are maintained in Institutions as follows :—

Lingfield Colony	6
Soss Moss Colony	1

MENTALLY DEFECTIVE CHILDREN.

REDCROSS STREET MENTALLY DEFECTIVE SCHOOL.

Medical Officer---Dr. L. M. Griffiths.

No. of cases recommended for examination	
during 1917	53
No. of cases brought forward from 1916 ...	43

96

Sixty-five children were examined for admission to the Special School with the following results :—

Certified suitable for admission... ..	45
Certified dull and backward	9
Certified unsuitable for special or ordinary school	7
Certified suitable for Physically Defective School	2
Deferred for re-examination later	2

65

During 1917 :—

No. admitted	40
No. re-admitted	1
No. discharged	40
Nos. on register at December, 1917	193

The children in the school are examined twice yearly by the Medical Officer, and during the year 19 children were reported as suitable for admission to Institutions.

In his half-yearly report, Dr. L. M. Griffiths draws attention to the need for restriction in the number of children in the classes at Redcross Street School, and considers that the figures at present are too high for the individual child to receive full benefit. He also draws attention to the desirability of having defective children reported from the elementary schools at an earlier age, during 1917 as many as seven children of 12 years of age and upwards were reported for the first time as suitable for examination for admission to special schools.

Undoubtedly the lack of special classes for "dull and backward" children is felt by the teachers and the members of the medical staff to be a serious want. Such classes would aid materially the difficult task of differentiating this type of child from high-grade mentally defectives.

ORCHARD PLACE MENTALLY DEFECTIVE SCHOOL.

Medical Officer—Dr. L. M. Griffiths.

During the year 19 children were examined for admission by the Medical Officer with the following results :—

Certified suitable for admission	...	...	14
„ dull and backward	...	...	2
„ unsuitable for special or ordinary school			2
Deferred for re-examination later	...	...	1
			—
			19
			—

During 1917—

No. admitted	...	...	...	...	13
No. discharged	...	...	...	...	12
Nos. on register at December, 1917	...	...			76
Average attendance during year	...	...			56.8

CARLTON HOUSE CERTIFIED INDUSTRIAL SCHOOL FOR GIRLS.

Medical Officer—Dr. A. Cornall.

No. of admissions during 1917	9
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No. of discharges	4
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All the girls discharged were placed in domestic service.

Average attendance	44
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Mr. Massey-Crosse continues to act as School Dentist, and visits the school twice yearly.

MISCELLANEOUS.

JUVENILE EMPLOYMENT.

No special course has been adopted with regard to the medical examination of children exempt for employment under the Juvenile Employment Act. Although the medical examination of all such children before leaving school has been insisted upon, it has been impossible owing to the shortage of staff to follow up recommendations for treatment of defects from which they suffer. The total number of exemptions granted in 1917 was 84, while 11 exemptions were refused.

The following medical examinations were made by the Acting School Medical Officer :—

- 1 boy as to fitness for admission to Nautical School.
- 70 boys as to fitness for removal to Industrial Schools.
- 24 candidates for Bursarships.
- 121 Teacher Exhibitioners.
- 16 Student Teachers.
- 58 successful candidates for Junior Scholarships.
- 6 Domestic Science Teachers.

PROSECUTIONS.

During the year proceedings taken in three cases of neglect under the Attendance Bye-Laws resulted in convictions, and fines of 2/6, 5/- and 10/- were imposed.

In dealing with neglected children, invaluable assistance has been given by the Inspectors of the N.S.P.C.C., to whom many cases have been reported during the year.